

STATE OF CALIFORNIA - AIR RESOURCES BOARD
TRAVEL ADVANCE REQUEST

To: ASD Accounting
P.O. Box 2815
Sacramento, CA 95812

Amount Requested:

Name:	SSN or Employee Number	Classification:
Division:	Reporting Unit Number:	Headquarters:
Date(s) of Travel:		Destination:

Type of advance:

☐ TEMPORARY

☐ CHARGE CARD

Authorized by
signature of:

Branch Chief

Division Chief

Check to be sent to:

☐ OFFICE

☐ OTHER:

Purpose of trip:

I understand that I am obligated to liquidate the requested amount by submitting a travel expense claim within 30 days of the dates of travel. I also acknowledge that in the event the trip is canceled or delayed, that I must immediately return the advanced amount to the Air Resources Board.

Employee's Signature

Date

ACCOUNTING OFFICE USE ONLY

ISSUANCE	DATE	CHECK/CLAIM #	AMOUNT	BALANCE
Travel Advance Issued:			\$	\$
CLEARANCE			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Accounting Officer Approval:				Date: